

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000012044**

1. Entity Name

THE PRIMUS GROUP INC.

Principal Place of Business

**2499 W. GLADES RD., SUITE 207
BOCA RATON FL 33431**

Mailing Address

**P.O. BOX 871
DEERFIELD BEACH FL 33443-0871**

FILED

02 MAY 14 PM 2:17



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0809954

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GROGAN, P. ANTHONY

649 U.S. HWY. ONE, SUITE 3

NORTH PALM BEACH FL 33408

Name

Henry M. Lennon, B.D.S.

Street Address (P.O. Box Number is Not Acceptable)

2499 W. Glades Rd #207

Boca Raton

City

FL

Zip Code

33431

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature of officer or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **C** ☐ Delete
NAME **BURKE, ROBERT M.D.**
STREET ADDRESS **5405 OKEECHOBEE BLVD., #101**
CITY-ST-ZIP **WEST PALM BEACH FL 33417**

TITLE ☐ Change ☒ Addition
NAME **Henry M. Lennon, B.D.S.**
STREET ADDRESS **2499 W. Glades Road #207**
CITY-ST-ZIP **Boca Raton, FL 33431**

TITLE **VC** ☐ Delete
NAME **CROFT, STEVEN M.D.**
STREET ADDRESS **5130 LINTON BLVD., SUITE F-1**
CITY-ST-ZIP **DELRAY BEACH FL 33484**

TITLE ☐ Change ☐ Addition
NAME **600005610926-1**
STREET ADDRESS **-05/27/02--01003--004**
CITY-ST-ZIP ******311.25 ****150.00**

TITLE **ST** ☒ Delete
NAME **BIRNBACH, STEVEN M.D.**
STREET ADDRESS **9980 CENTRAL PARK BLVD NORTH, SUITE 312**
CITY-ST-ZIP **BOCA RATON FL 33428**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE HENRY M. Lennan, B.D.S. 4/26/02 561-395-8200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)